

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/671 833</b>	FILING DATE		
						APPLICANT(S)			
						AMEND		CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			51			
2			/			52			
3			/			53			
4			/			54			
5			/			55			
6			/			56			
7			/			57			
8			/			58			
9			/			59			
10			/			60			
11			/			61			
12			/			62			
13			/			63			
14			/			64			
15			/			65			
16			/			66			
17			/			67			
18			/			68			
19			/			69			
20			/			70			
21			/			71			
22			/			72			
23			/			73			
24			/			74			
25			/			75			
26			/			76			
27			/			77			
28			/			78			
29			/			79			
30			/			80			
31			/			81			
32			/			82			
33			/			83			
34			/			84			
35			/			85			
36			/			86			
37			/			87			
38			/			88			
39			/			89			
40			/			90			
41			/			91			
42			/			92			
43			/			93			
44			/			94			
45			/			95			
46			/			96			
47			/			97			
48			/			98			
49			/			99			
50			/			100			
TOTAL IND.	4		4			TOTAL IND.			
TOTAL DEP.	45		41			TOTAL DEP.			
TOTAL CLAIMS	59		45			TOTAL CLAIMS			

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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